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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Schmitt, Colin, J, ,						ntification Number -	
	(b) Address (number and street) 170 Highwood Dr	☐ Check if address changed				Candidate's FEC Identification Number     H2NY18087		
	(c) City, State, and ZIP Code						ew Amended	
	New WIndsor		N,	Y 1255			N) OR (A)	
4.	Party Affiliation	5. Office Soug	jht			rict of Candidate		
	REPUBLICAN PARTY	House			NY	18		
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE		
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
	Schmitt for Congres	S						
_	(b) Address (number and street) PO Box 67							
	1 o Box of							
	(c) City, State, and ZIP Code							
	South Salem				NY	10590		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)								
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.								
NOTE: This designation should be filed with the principal campaign committee.								
(a) Name of Committee (in full)								
(b) Address (number and street)								
(c) City, State, and ZIP Code								
	certify that I have exa	mined this Stat	tement and to	o the best of	mv knowledae a	and belief it is true, correc	t and complete.	
Si	gnature of Candidate					Date	,	
	chmitt, Colin, J, 2032415130,							
	,, .,			[Elec	tronically Filed]	04/05/2021		
N	OTE: Submission of false, erroneous	, or incomplete	information r	may subject	the person signir	ng this Statement to pena	Ities of 2 U.S.C. §437g.	
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FEC FORM 2 (REV. 02/2009)